

CITY OF LEXINGTON**Planning & Development Department****P.O. Box 922****300 East Washington Street****Lexington, Virginia 24450****[540] 462-3704; fax [540] 463-5310****APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS
(for any modification other than a sign)****COA #:** _____

Application is hereby made to the Lexington Architectural Review Board for a Certificate of Appropriateness (COA) to make repairs, alterations, or improvements in the Historic District in accordance with Chapter 28, Article XI of the Lexington City Code.

Information Pertaining to Lexington Architectural Review Board Applications

1. The Lexington Architectural Review Board meets on the first and third Thursday of each month at 4:00 p.m. in the first floor meeting room at City Hall, 300 East Washington Street.
2. All applications and attachments must be in the office no later than 5:00 p.m. the Thursday prior to the next meeting in order to be included on the agenda for review.
3. All required attachments must accompany the application before it can be placed on the agenda, including color samples.
4. All applications must be completed in full and signed by both the applicant and owner of the property.
5. All original applications and attachments will be kept on file in the Planning and Development Office in City Hall.

Property Description:

Street Address: _____

Owner's Name(s): _____ Phone: _____

Owner's Address: _____

Occupant's Name(s): _____ Phone: _____

Occupant's Address: _____

Doing Business As: _____

Historical Name of Building: _____

Approximate Age of Building: _____

Applicant will be seeking:

(check applicable items)

☐ Federal Tax Credit

Project Architect/Designer: _____

Alteration Description:

I. Please check action(s) for which this COA is requested:

- ☐ Remodeling or renovation of the exterior of a building
- ☐ Total restoration of the exterior of a building
- ☐ Removal of any architectural element
- ☐ Painting of any building exterior
- ☐ Cleaning of wall surfaces or architectural elements
- ☐ Repair of all surfaces or architectural elements
- ☐ Any removal, alternation, repair, or construction of amenities such as fences or walls
- ☐ Demolition of part or all of an existing building
- ☐ Moving a building (**complete Part III**)
- ☐ Construction of a new building (**complete Part III**)
- ☐ Construction of any addition to an existing building (**complete Part III**)

II. For **ALL** projects, please attach the following:

- Photographs or drawings from the site showing adjoining structures, streets, and sidewalks
- Scale drawings of the improvements
- Detailed drawings of significant decorative or architectural elements
- Indication of exterior lighting adequate to determine its character and impact on the public and adjoining properties
- Samples of exterior materials and paint colors to be used

III. For **NEW CONSTRUCTION**, please provide the above attachments in addition to the following information:

- Dimensions, orientation, and acreage of each lot or plot to be built upon
- Layout of the project and its relation to surrounding structures
- Location of points of entry and exit for motor vehicles and internal vehicular circulation pattern and parking facilities
- The size, shape, and location of existing and proposed construction on the parcel
- Location of walls, fences, and railings, and the indication of their height and the materials of their construction

This document shall constitute a valid COA upon its completion and execution by the Chairperson or Acting Chairperson of the Architectural Review Board. The recipient of a COA is responsible for obtaining any and all other certificates and permits required by the Code of the City of Lexington through the Office of the Planning and Development Administrator.

Applicant's Signature

Date:_____

Property Owner's Signature

Date:_____

-OFFICE USE ONLY-

Staff Review:

Comments: _____

- ☐ Applicant's project would meet all district requirements.

Comments: _____

- ☐ Applicant fails to meet the following requirements:

Comments: _____

Planning and Development Director

Date:_____

Action by Architectural Review Board:

- ☐ Approved ☐ Disapproved

Comments: _____

Chairperson, Architectural Review Board

Date:_____